Revision: HCFA-PM-94-1 (MB) FEBRUARY 1994 State/Territory:

MICHIGAN

Citation

4.22 Third Party Liability

(4)

42 CFR 433.137

- a) The Medicaid agency meets all requirements of:
 - (1) 42 CFR 433.138 and 433.139.
 - (2) 42 CFR 433.145 through 433.148.
 - (3) 42 CFR 433.151 through 433.154.

1902(a)(25)(H) and (I) Act. of the Act

42 CFR 433.138(f)

- (b) ATTACHMENT 4.22-A --
 - (1) Specifies the frequency with which the data exchanges required in \$433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in \$433.138(e) are conducted;

Sections 1902(a)(25)(H) and (I) of the

- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- (2) Describes the methods the agency uses for meeting the followup requirements contained in \$433.138(g)(1)(i) and (g)(2)(i);
- 42 CFR 433.138(g)(3)(i) and (iii)
- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under \$433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
- 42 CFR 433.138(g)(4)(i) through (iii)
- (4) Describes the methods the agency uses for following up on paid claims identified under \$433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

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TN No. 97-01
Supersedes Approval Date 2-20-97 Effective Date 01/01/97
TN No. 96-15

DEPARTMENT OF SOCIAL SERVICES



MEMORANDUM

Carol Hoffman
Office of Community Development
Department of Commerce

Date March 28, 1984

From: Judy Dietzen, Federal Coordinator Director's Office

Subject: Medical Assistance State Plan Amendment Re. Freedom of Choice and Swing Bed Options; Our Submittal #634

Because of time constraints, the attached plan amendment is being submitted today to the Health Care Financing Administration. By a copy of this memo, we are advising HCFA that the amendment is being submitted pending clearance by your office. Any comments received during the course of A-95 review will be promptly submitted to HCFA.

cc: HCFA, Region V

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FEBRUARY 1994

State/Territory: MICHIGAN

Citation

42 CFR 433.139(b)(3)
(ii)(A)

X (c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C)

(1) The method used in determining a provider's compliance with the third party billing requirements at \$433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2)

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3)

(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20

(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.



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Revision:	HCFA-PM-94-1 FEBRUARY 1994	(MB)		
•	State/Territory:	MICHIGAN		
Citation	4.22	(cor	stinue	ed)
42 CFR 433	.151(a)	(f)	The Medicaid agency has written cooperative agreements for the enforcement of rights to collection of third party benefits assigned the State as a condition of eligibility for medical assistance with the following: (Che as appropriate.)	
			X	State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
				Other appropriate State agency(s)
-				Other appropriate agency(s) of another State
				Courts and law enforcement officials.
1902(a)(60)	of the Act	(g)	in e	Medicaid agency assures that the State has ffect the laws relating to medical child ort under section 1908 of the Act.
1906 of the	Act	(h)	The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.	
			<u>x</u>	The Secretary's method as provided in the State Medicaid Manual, Section 3910.
				The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.
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				Process and
				m (K) (A) NO RO (194

Approval Date 2-20-97 Effective Date 01/01/97

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TN No. 96-15